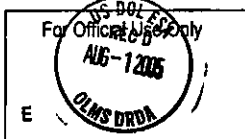


This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <b>9607</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>KENNETH</b> <b>D</b> <b>ROCHE</b>  P O Box Bldg Room No if any  Street <b>5350 YORK RD</b>  City <b>ELLIS GROVE</b>  State <b>Illinois</b> ZIP Code + 4 <b>62241 1918</b>	4 Name file number and address of labor organization Name <b>UNITED BROTHERHOOD OF CARPENTER &amp; JOINER 1361</b>  Labor Organization File Number <b>030823</b>  P O Box Building and Room Number if any  Street <b>2290 SOUTH ILLINOIS ST STE D</b>  City <b>BELLEVILLE</b>  State <b>Illinois</b> ZIP Code + 4 <b>62220-2839</b>
5 Position in labor organization <b>CONDUCTOR</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
<b>6 Name and address of Employer (including trade name if any)</b>  Name <input style="width: 90%;" type="text"/>  Trade Name if any <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>7 a Nature of Interest, Transaction or Income</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>7 b Amount</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

On

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Person Filing KENNETH ROCHE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name CAPENTERS JOINT TRAINING FUND OF ST LOUIS

Trade Name if any

P O Box Bldg Room No if any

Street 1401 HAMPTON AVE

City ST LOUIS

State Missouri

ZIP Code + 4 63139-3159

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS IS A TRUST IN WHICH THE LABOR ORGANIZATION IS INTERESTED

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

IN ADDITION TO BEING THE CONDUCTOR OF CARPENTERS LOCAL 1361 I AM AN INSTRUCTOR FOR THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS (CJTF) IN 2004 I RECEIVED \$62 676 IN SALARY AND \$300 OF EXPENSE REIBURSEMENTS FROM MY EMPLOYER THE CJTF

## 12 b Amount

\$62 976

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment